

**OLIVE VIEW-UCLA MEDICAL CENTER  
DEPARTMENT OF EMERGENCY MEDICINE  
POLICY & PROCEDURE**

**NUMBER: 3266  
VERSION: 2**

**SUBJECT/TITLE:** **MEDICAL/SURGICAL PROCEDURES PERFORMED IN THE EMERGENCY ROOM**

**POLICY:** Approved procedures in the Emergency Department.

**PURPOSE:** To clarify what is approved in the Emergency Department.

**DEPARTMENTS:** **DEPARTMENT OF EMERGENCY MEDICINE (DEM)**

**DEFINITIONS:** Informed Consent: Verbal consent of the patient is obtained after the risk, benefit and potential complications associated with procedures are discussed with the patient and/or family, alternative options are considered

Written Consent: Written consent is obtained using DHS approved electronic consent software (e.g iMed Consent). ED Provider will choose the consent based on the procedure to be performed. Both English and Spanish versions of the consents are currently available. For other languages spoken by the patient, translators will be used to be obtain the written consent.

Written consent is obtained after the risk, benefit and potential complications associated with procedures are discussed with the patient and/or family, and alternative options are considered.

**PROCEDURE:** A. The appropriateness of a procedure for each patient is based on a review of:

1. Patient History
2. Patient Physical Exam
3. Diagnostic Data
4. Risk and Benefits
5. Need for Blood and Blood Components

B. Procedures that a lay person would reasonably expect to be performed in the Emergency Department include blood draws and intravenous (IV) lines for fluids or medications.

Other procedures such as laceration repair or abscess drainage require just an informed consent of the patient with a basic explanation of the procedure that will occur.

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More invasive procedures (e.g. lumbar puncture, thoracentesis, paracentesis or procedural sedation) require a written consent of the patient.

At times, the patient's condition (unstable, altered, or unconscious) does not allow for a written consent to be obtained for a more invasive procedure that the provider has deemed necessary (such as a lumbar puncture). In these cases, the provider will document in the medical record the necessity of the procedure and the inability to obtain consent from the patient at the time the procedure was required.

- C. All procedures performed in the Emergency Department are supervised by an Emergency Department Attending physician who is credentialed to perform the procedure. Residents and Nurse Practitioners performing procedures independently must have documentation of competence (credentialing) to perform that procedure. Information on credentialing of provider staff can be found on the Intranet and via the Medical Staff Office. Credentialing of each provider indicates the procedures that provider is credentialed to do.
- D. The following procedures are considered to be medically complicated and/or possibly life-threatening to the patient and should be performed within the hospital setting (e.g. operating room or Ophthalmology clinic) rather than in the Emergency Dept.
  - 1. Repair of flexor tendon or nerve.
  - 2. Complicated hemorrhoidectomies.
  - 3. Therapeutic abortions.
  - 4. Removal of complicated foreign bodies from the eye.
  - 5. Removal of complicated or deep foreign bodies.
  - 6. General anesthesia

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References:	
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